

PROVIDER REVIEW

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Department Of Economic Security, Division Of Children, Youth And Families

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CMDP Has A New Pharmacy Benefit Manager!

CMDP is pleased to announce that **Effective March 1, 2008**, RxAmerica will provide prescription coverage services for CMDP members.

With RxAmerica, CMDP members can continue to use the same pharmacy to have prescriptions filled and there is no change in the Preferred Medication List (PML). CMDP members received new CMDP Member Identification (ID) cards that contain the contact information for RxAmerica. If the new ID Card is not used beginning March 1, 2008, it may cause a delay in filling prescriptions.

The current ID card could only be used until Friday, February 29, 2008.
(If you have any questions please contact CMDP Member Services at 602-351-2245 or toll free 1-800-201-1795).

The NPI is Here. The NPI is Now. Are You Using It?

Effective March 1, 2008 all claims must have a National Practitioner Identifier number (NPI) in the required primary fields. Failure to include an NPI will cause the claim to reject.

Providers may experience problems with claims submitted after March 1st in the following situations:

- The provider does not have an NPI
- The provider does not submit their NPI on their claim
- The provider has already received an NPI, but the NPI is not consistent with the provider's enrollment information received by CMDP.

If your claim is rejected and returned to you, immediately contact CMDP Provider Services Department at (602) 351-2245 before resubmitting that claim or submitting new claims to verify the NPI and correct any inconsistencies.

Full NPI compliance becomes effective May 23, 2008 so providers must be certain their NPI information is accurate and up-to-date. If your claims are being successfully processed with NPI and AHCCCS ID numbers, now is the time to submit claims with the NPI number only to ensure payment. More information and education on the NPI can be found at www.cms.hhs.gov/NationalProvIdentStand on the CMS Website or providers can apply for an NPI online at <https://npes.cms.hhs.gov> or call 1-800-465-3203.

Antiepileptic Drugs and Increased Risk of Suicide

The FDA recently analyzed reports of suicidal behavior or ideation from clinical studies of Antiepileptic Drugs (AEDs) used to treat epilepsy, psychiatric disorders and other conditions. The AEDs studies include multiple medications and manufacturers: Depakote® (valproate), Felbatol® (felbamate), Gabitril® (tiagabine), Keppra®, (levetiracetam), Lamictal® (lamotrigine), Lyrica® (pregabalin), Neurontin® (gabapentin), Tegretol® (carbamazepine), Topamax® (topiramate), Trileptal® (oxcarbazepine) and Zonegran® (zonisamide).

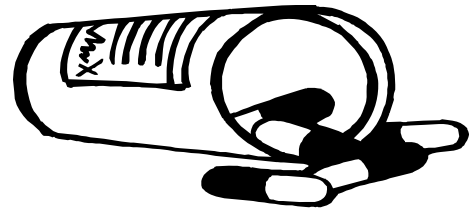
Patients taking AEDs had approximately twice the risk of suicidal behavior or ideation compared to patients receiving placebo and the results were generally consistent among the 11 drugs listed above.

Patients who were treated for epilepsy, psychiatric disorders and other conditions were at increased risk for suicide when compared to those placebos. When the patient groups were compared across different indications, the suicidal risk was higher in patients with epilepsy versus patients taking one of the drugs for psychiatric treatment or other conditions.

The increased risk of suicidal behavior and ideation was observed in patients as early as one week after starting the AED, and continued through 24 weeks.

Patients on AEDs should be monitored closely for any changes in behavior.

Although the drugs listed were the ones included in the analysis, FDA expects that the increased risk of suicide is shared by all AEDs, and anticipates that the labeling changes will apply to the medication class.



FDA Alert

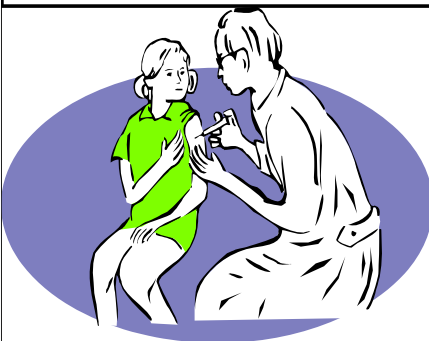
December 4, 2007: The FDA issued an alert and Healthcare Professional sheet on Desmopressin (DDAVP nasal spray) to include information on hyponatremia and seizures. Patients taking the medication for bed wetting should use desmopressin tablets rather than the intranasal formulation. Any patients at risk for water intoxication should use all desmopressin formulations cautiously.

The American Academy of Pediatrics

The American Academy of Pediatrics Urges Caution in Use of Over-the-Counter Cough and Cold Medicines.

The U.S. Food and Drug Administration issued an advisory (<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01778.html>) strongly recommending that over-the-counter cough and cold medications **not** be given to infants and children under two years old because of the risk of life-threatening side effects.

Vaccine Safety



For many years, there has been a hypothesis among some folks that childhood vaccinations might be behind the increase in autism rates. In response, many studies have examined various aspects of this, and none have found a relationship. Some studies have compared populations of unvaccinated kids and compared them to kids that are vaccinated and compared rates. Studies like these have been done in many countries and none have found positive results.

A new study was published last week in the Archives of General Psychology: <http://archpsyc.ama-assn.org/cgi/content/full/65/1/19>. In this study, the authors examined whether autism is caused by exposure to the preservative thimerosal (which contains mercury) and is present at low levels in some vaccines. The Immunization Safety Review Committee of the Institute of Medicine has recommended surveillance of trends in autism as exposure to

thimerosal during early childhood has decreased. This most recent study adds to the growing body of evidence suggesting that vaccines are not behind the increase in autism rates that have been observed.



DR. C says.....

“TIPS IN SUBMITTING CMDP DENTAL CLAIMS”

By Dr. Jerry Caniglia, Dental Consultant

The majority of claims processing delays can be avoided if the dental provider would routinely refer to the **CMDP Dental Benefits Matrix**. Information contained in the Dental Benefits Matrix are the list of AHCCCS dental codes, description of dental services, coverage category, prior authorization (PA) requirements and amount of reimbursement.

The Matrix is periodically revised and updated, so it is important to refer to this for current covered services and claims submission requirements.

If a dental procedure requires prior authorization, the provider may be asked to submit x-rays, narrative statement, or a periodontal chart.

The narrative statement should include pertinent additional information that clarifies for the reviewing Dental Consultant, the need or circumstances for performing the requested services.

If x-rays are requested, providers should consider these tips to avoid lost x-rays and avoid the need to resubmit x-rays of better quality.

- Submit x-rays only when requested
- Label all x-rays with member's name, date x-ray taken and tooth numbers
- Complete name of the treating dentist or dental practice
- Indicate the right and left, and top and bottom, on the x-ray
- Attached the x-rays firmly to the claim form
- If submitting duplicate x-rays, they should be of good diagnostic quality

Contact CMDP Claims Processing Unit for additional questions.

The Dental Matrix can be located at www.azdes.gov/dcyf/cmdpe under the Menu.

Autism Spectrum Disorders: Screening for Early Diagnosis

Children with autism often appear to be uninterested in other people and prefer to focus on inanimate objects.

They may persevere on areas of interest to them, but may be unable to succeed in learning a new subject that does not interest them. Additionally, those with autism may find it difficult to carry on a conversation because of their inability to understand what another person wants to talk about. Understanding social cues and gestures can be very challenging to those affected with autism. Young children with autism often do not know how to play appropriately with toys because they do not understand what the toys represent.

Though children can be diagnosed with an ASD as young as 18 months, most children are not diagnosed until they are 3 years old. Data from a Centers for Disease Control and Prevention (CDC) study found the median age of diagnosis was 5 years and 3 months in 2002, in the state of Arizona, a mean diagnosis age is 4 years and 5 months. This is especially alarming since research has demonstrated that earlier diagnosis and intervention lead to better prognosis and outcomes. In a recent policy statement, the American Academy of Pediatrics stated that an autism-specific tool should be administered to all children at the 18-month well-child visit since symptoms of autism are often present at this age.

The Southwest Autism Research & Resource Center (SARRC) is a nonprofit, community-based organization in Phoenix. SARRC

is dedicated to conducting research and providing education and resources to individuals with autism and their families and providing training to professionals about autism.

In an attempt to address the need for better physician training, SARRC launched its Physician Outreach Program. The goal of this program is to increase awareness and reduce the age at

which children are diagnosed with autism. SARRC has distributed an Autistic Disorders Screening Kit™ to pediatricians, family practitioners and other healthcare professional in Arizona. This kit includes a brochure with step-by-step information on how to conduct an autism screening. As a component of this program, SARRC provides a comprehensive monthly training to pediatric residents from St. Joseph's Medical Center and Phoenix Children's Hospital. The residents spend the morning with a pediatrician learning how to better

recognize autism in pediatric patients and how to operationalize autism screening into practice. SARRC's goal is to encourage more physicians to incorporate this brief screening procedure into their 18- and 24-month well-child exams.

More information on SARRC can be found at www.autismcenter.org



National Culturally and Linguistically Appropriate Services (CLAS) Standards

The following are successful practices in delivering Culturally Competent Care:

1. Health care providers should ensure that patients/consumers receive from all staff members effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care providers should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the area serviced.
3. Health care providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services

4. Health care providers should offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care providers must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
6. Health care providers must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence

7. Health care providers should conduct initial and ongoing organizational self-assessments of LAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.
8. Health care providers should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems and periodically updated.

9. Health care providers should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.



Human Papillomavirus (HPV) Vaccine



As you know the Arizona Department of Health Services (ADHS) Vaccine for Children (VFC) program covers the HPV vaccine for females 11 through 18 years of age.

The vaccine can be given as early as age 9 years of age for high risk individuals. The Advisory Committee on Immunization Practices (ACIP) recommends that vaccine coverage begin between 11 and 12 years of age.

ADHS/VFC has advised providers to submit a request to VFC for HPV vaccine for high risk members who are 9 or 10 years of age. VFC will supply the antigen and AHCCCS will cover the cost of the administration of the vaccine.

AHCCCS covers the HPV vaccine for members 19 through 20 years of age. As a result of legislative approval, beginning 10/1/07 AHCCCS will also cover the HPV vaccine for women 21 through 26 years of age.

Did You Know?????

You can now check CMDP's Claims Status and Member Eligibility on Line at the CMDP/DES website, www.azdes.gov.

Once you have logged into the web site:

- Click **MEDICAL** (Left side of screen) for a drop-down menu
- Click on **Comprehensive Medical and Dental Program**. This will bring you to the CMDP website.
- Click **PROVIDER SERVICES** (Left side of screen).
- From here it gives you the option to choose either the Claims Lookup or the Members Lookup. Once you have selected either one of these options follow the step-by-step directions.

You will need to use the CMDP Member ID number, your AHCCCS ID number, and the Dates of Service.

If you need assistance,with eligibility, please contact the Member Service Unit. If you need assistance with Claims, please contact the Claims Unit. For general information in navigating through these systems, please contact your Provider Representative. All three of these Units can be reached at (602) 351-2245 or (800) 201-1795.

No Collection Action Against Foster Caregivers

Do Not Request Payment from or Bill Foster Caregivers for Services Rendered to CMDP Members.

Please Remember, No Collection Action Against Foster Caregivers.

In accordance with Arizona Administrative Code R6-5-6006, CMDP Foster Caregivers and CMDP Members are not responsible for any medical and dental bills incurred. Please note that requesting payment from, sending a bill to, or initiating collection against a foster caregiver or member is prohibited, and is in violation of Federal and State Law. **Additionally, civil penalties may be assessed if a provider continues billing or takes collection action towards a CMDP Foster Caregiver or a CMDP Member for charges.**

For questions, please contact the Member Services Department at (602) 351-2245 or 1-(800) 201-1795.

Billing PEDS Tool

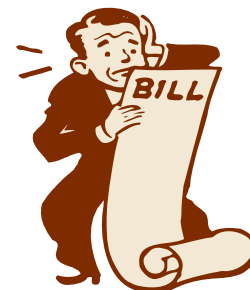
To begin billing for the Developmental Screening using the PEDS (Parent Evaluation of Developmental Status) Tool, the provider must complete training at www.azaap.org under the PEDS heading. This will trigger AzAAP to alert AHCCCS and the AHCCCS Health Plans that you have completed the training. PEDS Tools can be completed on CMDP members, ages 0-8, who you feel would benefit from having the Tool done. There are over 5,000 CMDP members that are eligible for the PEDS Tool. Please remember that CMDP is not limiting the use of the tool to just NICU grads because we have such a fragile population of children who may have been neglected and who could benefit from the use of the tool.

When billing **use code 96110 with an EP Modifier**. Attach the **PEDS Interpretation and the PEDS Score forms** with the claim for processing. Claims will be denied if the forms are not attached when processing the claim.

Always Remember, please....

- Use the EP Modifier when submitting a claim
- Always attach the PEDS Interpretation and the PEDS Score Forms to the claim
- Eligible children are not just NICU grads but ages 0-8

For questions contact the Claims Department at 602-351-2245 or 1-(800) 201-1795.



2008 ASIIS Registry and Web Application Training Classes

The schedule for the Introductory and Advanced ASIIS Registry and Web Application Training Classes are as follows:

Introductory Training Dates in Phoenix: March 4th and 11th, and April 1st and 8th

Introductory Training Curriculum

- Origin and purpose of the Registry
- Locating and logging into the Web Application
- Searching for, retrieving, and adding patients
- Adding historical and administered immunizations
 - Viewing vaccination forecasts
- Searching for, retrieving, and adding lot numbers
 - Printing patient records
 - Printing the VFC patient log
 - Birth Order

Advanced Training Dates in Phoenix: March 18th and April 15th

Advanced Training Curriculum

- Running Reminder/Recall
 - Forecast settings
- Managing your vaccine inventory
- Adding/updating physicians and vaccinators
 - Adding/updating facilities
 - Personal settings
 - High-risk patient module
- Vaccination deferrals module
 - CASA export

Classes Outside of the Phoenix Metropolitan Area

- March - Kingman, Yuma
- April – Tucson, Show Low
- July – Tucson, Safford
- August – Kingman, Flagstaff
- September – Page, Littlefield, Fredonia, Yuma, Cochise County
- October – Lake Havasu City, Tucson

Call 1-877-491-5741 to enroll and for more information on the training schedule of classes outside of the Phoenix Metropolitan Area.

Language Line Services:

Language Line automated access offers a fast and efficient way to connect to a professional interpreter; anytime, anywhere. This service provides interpretation in over 140 languages as well as written translation. This service is provided to CMDP members only. To access this service please call CMDP Provider Services at (602) 351-2245 or (800) 201-1795.



Regional Behavioral Health Authority (RBHA) for Maricopa County: Magellan

REMINDER

The RBHA for Maricopa County changed from Value Options to Magellan **effective September 1, 2007.**

Magellan is keeping the same ValueOptions phone lines;

- Customer Service/Access Line, 1-800-564-5465
TTY 602-914-5809
 - Behavioral Health Crisis Line, 602-222-9444
Toll Free Crisis 1-800-631-1314
TTY 602-274-3360
- Magellan fax line: 866-892-5023

For more information on mental health and children in foster care, or for assistance completing RBHA referrals contact the Behavioral Health Coordinators in the CMDP Medical Services Unit at 602-351-2245 or 1-800-201-1795.

CMDP Contacts: (602) 351-2245 (800) 201-1795

MEMBER SERVICES:

To verify a member's eligibility, choose any of these options:

****Please have member's name, date of birth, date of service & ID #.**

CMDP offers our providers eligibility verification via

- Phone (602) 351-2245, (800) 201-1795
- FAX (602) 264-3801
- Internet Website: www.azdes.gov/dcyf/cmdpe

Phone: Option 1 for English, Option 2 –if you are calling from a provider's office, then Option 1

PROVIDER SERVICES:

Option 1, Option 2, then Option 3

For all your concerns, Provider Services will assist you or direct you to the appropriate department.

CLAIMS:

Option 1, Option 2 then Option 2

For verification of claim status, please select the options listed above for a claims representative.

CLAIMS MAILING ADDRESS:

CMDP 942-C, PO BOX 29202, PHOENIX, AZ 85038-9202

MEDICAL SERVICES:

Option 1, Option 2 then :

Hospitalizations.....Option 7

Prior Authorizations:

Medical.....Option 5

Dental.....Option 4

Pharmacy.....Option 8

Behavioral Health...Option 6

Please contact Medical Services with any questions regarding the medical needs of our members.

“Web Corner”

The following is a list of websites we recommend to assist your office. If there are any other websites you wish to add and share with other providers please contact Provider Services and we will add them to our next newsletter.

CMDP's Website: www.azdes.gov/dcyf/cmdpe

Your location for an updated:

- Provider Manual
- Newsletters
- Member Handbook
- Preferred Medication List (PML)
- Forms
- Provider Directory
- Member Eligibility Verification
- Claims Status

UPDATED AHCCCS FEE SCHEDULE,

Provider Manual, EPSDT forms and more available at:

www.azahcccs.gov

CHILDREN'S REHABILITATIVE SERVICES (CRS), information and referral forms: www.hs.state.az.us/phs/ocshcn/crs/index.htm

VACCINES FOR CHILDREN (VFC) Program:

www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm

Every Child by Two Immunizations: www.ecbt.org

ASHS and TAPI: www.whymmunize.org/us.htm

American Academy of Pediatrics: www.aap.org

Equal Opportunity Employer/Program. This document available in alternative formats by contacting Provider Services.